

**WIRE TRANSFER TRANSACTION RECORD AND PAYMENT ORDER**

**Beneficiary Bank Data:**

**Beneficiary Data:**

ABA Routing Number:		Beneficiary Name:	
Name of Institution:		Beneficiary's Identification:	
Address:		Address:	
Beneficiary's Account Number:			
Amount to be Wired:			
Is Wire over \$25,000.00?		If over \$25,000, is agreement on file for faxed or e-mailed wires?	
Special Instructions:			

**Originator Data**

Senders Name:	
Address:	
Phone Number:	
Account Number: (source of funds)	
Purpose:	

The undersigned Originator requests payment to be made to the beneficiary or account number named above and has reviewed the information and deems it to be correct. To the extent prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of Northfield Savings Bank is to exercise ordinary care in processing this wire transfer and that it is not responsible or any losses or delays in which occur as a result of any other party's involvement in processing this transfer.

Note: Correspondent and recipient bank fees may apply

**Originators Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bank Processing Data**

Wire request accepted by (physical signature & number):	Receipt of request:
	Date: _____ Time: _____

**Request Method:**

OTC       Fax       Email

<b>Identification Method:</b> <input type="checkbox"/> ID Presented <input type="checkbox"/> CIP-Customer Present <input type="checkbox"/> Signature verified on JHA <input type="checkbox"/> CIP-Phone Conversation	<b>OFAC Checked By:</b>  
--	---------------------------------

Customer call back verification	Person Calling:
	Manager Override Approval:

#N/A